



Mail to: **CITY OF El Paso**
Financial Services
2 Civic Center Plaza
El Paso, Texas 79901-1196

UNCLAIMED PROPERTY GENERAL CLAIM FORM

ATTACH THE FOLLOWING INFORMATION

- (A) Proof of your Social Security number (copy of your Social Security card or W2 form).
- (B) Copy of your Driver's License or any official form used for identification.
- (C) List all addresses used that may be associated with property being claimed, including P.O. boxes. (Attach separate page if necessary.)

Failure to provide your IDENTIFICATION, SIGNATURE, or COMPLETION OF THIS CLAIM FORM will result in our returning it to you. You must be 18 or older to claim property. Social Security Number is NOT required, but may help in identifying you as the property owner.

CLAIMANT INFORMATION			
<i>NAME:</i>		<i>SSN:</i>	
<small>(LAST)</small>	<small>(FIRST)</small>	<small>(MI)</small>	
<i>CO-OWNER:</i>		<i>SSN:</i>	
<small>(LAST)</small>	<small>(FIRST)</small>	<small>(MI)</small>	
<i>ADDRESS</i>			
		<small>()</small>	
		<small>DAYTIME PHONE, INCLUDE AREA CODE</small>	
<i>CITY:</i>	<i>STATE:</i>	<i>ZIP:</i>	

YOUR FILING STATUS Check one, attach documents requested AND enter the applicable federal number below:

- _____ If you are an HEIR to the owner, send a copy of probated will OR court order OR affidavit of heirship listing heirs and current addresses AND A copy of the death certificate of the owner. Deceased owner's (see below)
- _____ If you are a TRUSTEE or GUARDIAN to the owner, send copies of current documents establishing guardianship or trust.
- _____ If you are an EXECUTOR or ADMINISTRATOR for the owner's estate, send a copy of the death certificate AND Letters of Administration OR Testamentary dated within 90 days of filing claim.
- _____ If you are a PARENT of the owner who is under age 18, attach a copy of the minor's birth certificate and proof of SSN.

FILL IN FEDERAL NUMBER THAT APPLY

Deceased SSN: _____ Estate/Trust/Company TPID: _____

OWNER PROPERTY INFORMATION (Do NOT Change This Information)

Original Check No. _____ Original Check Amount: _____
Claim Amount (if different from Original Check Amount): _____
Payee indicated on Original Check: _____
Additional Payees on Check: _____
Date of Original Check: _____ Reporting Department: _____
Description: ☐ State-Dated Check
☐ Other

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATORS WHO ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM. (Tex. Prop. Code §76.506).

CLAIMANT SIGNATURE

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless the City of El Paso, and it's officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

CLAIMANT _____ DATE _____ CO-OWNER _____ DATE _____

A law passed by the Texas Legislature allows the costs of publication & postage to be deducted from the amount(s) paid. (Tex. Prop. Code §76.504).

Check Reissue Number: _____ (for Internal Use Only)	
Total Amount Claimed/Approved: _____	Approved by: _____
Less: Publication & Postage: _____	Treasury Services Manager or Designee
Net Amount of Check Reissued _____	Date: _____